



**CONTRACTOR QUESTIONNAIRE**

**Do any of the people listed above:**

- (a) Perform a management or supervisory function for any other business?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes list below)

Name

Title

Company Name & Function

- (b) Work for or own other firms which have a business relationship with your firm?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes list below)

Name

Title

Company Name & Function

***If a Corporation, attach a copy of the organization's current Annual Registration Report, or initial report if a new Corporation, on file with the Corporation Division of the Missouri Secretary of State's Office. Each Corporation which is a party to a joint venture shall submit the same required report with its joint venture contractor questionnaire. If applicable, attach a certified copy of the fictitious name registration with the Missouri Secretary of State.***

If this firm or any of the above individuals have been debarred or restricted from bidding by any state or federal organization check here ☐ and attach details.

\* \* \* \* \*

This firm will comply with all written requests by the Missouri Department of Labor and Industrial Relations, Division of Labor Standards, to provide information for the purpose of establishing a prevailing wage.

Signature(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If partnership all partners must sign)

\* \* \* \* \*

**AFFIDAVIT**

\_\_\_\_\_, being duly sworn stated that (s)he is \_\_\_\_\_  
(Typed or Printed Officer's Name) (Title of Officer)

of \_\_\_\_\_ and that all statements on this form and attachments thereto are true and correct.  
(Name of firm)

\_\_\_\_\_  
Signature of Officer

Subscribed and sworn to before me by \_\_\_\_\_,  
who personally appeared before me and is known to me to be the person described in and who executed the foregoing affidavit, and  
acknowledged that (circle one) he or she executed the same as (circle one) his or her free act and  
deed.

IN WITNESS WHEREOF I have hereto set my hand and affixed my official seal at my office in \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Seal of  
Notary Public

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Typed or Printed Name of Notary Public

My Commission expires \_\_\_\_\_, 20 \_\_\_\_\_